LEAFLET 883A

MEDICARE
FOR PEOPLE 65 AND OVER

MEDICAL INSURANCE

Your medicare **medical insurance** will help pay for the services of doctors and for a number of other medical services and supplies not covered by hospital insurance.

Medical insurance is voluntary and people will have it only if they enroll. This part of the program is financed by monthly premiums shared equally by the people who choose this protection and by the Federal Government.

HOW YOU CAN GET MEDICAL INSURANCE PROTECTION

Medical Insurance—Everyone who is 65 can sign up for the voluntary medical insurance part of medicare. (But, aliens who do not have hospital insurance protection can sign up only if they were lawfully admitted to the U.S. and have lived continuously in the U.S. for at least 5 years.)

You have a specified period during which you can sign up for medical insurance. Your 7-month sign-up period begins 3 months before the month you reach 65 and ends 3 months after that month.

However, you will have medical insurance protection beginning the month you are 65 only if you sign up during the 3 months before the month you reach 65. If you sign up in the month you reach 65 or later, your protection will not begin until 1 to 3 months later.

If you miss your first chance to sign up, you will not have another opportunity until the next general enrollment period—the last 3 months of each odd-numbered year (the first is in 1967).

Your premiums will be higher if you wait to sign up during a general enrollment period and your protection will not begin until 6 to 9 months after you enroll.

FINANCING MEDICAL INSURANCE

Medical Insurance is financed through monthly premiums paid by the people 65 and over who sign up for the program and by matching payments from the Federal Government. The premium payments and the matching funds from the Government are put into the Supplementary Medical Insurance Trust Fund, and benefits and administrative costs for medical insurance are paid from this fund.

The monthly premium is $3 for each person who signs up and will stay at this level at least until 1968. The law provides that the premium rates be examined during the third quarter of each odd-numbered year. If the current rate is not enough to cover the program's anticipated expenses for the next 2 years, the premium rate will be adjusted. The Government will continue to pay half the cost.

When you sign up for medical insurance, you do not obligate yourself to continue in the program beyond the end of the next odd-numbered year. Therefore, if the premium rate is increased, you will have an opportunity to drop out of the program if you wish.

FOR FURTHER INFORMATION

For more detailed information about medicare, or about any other provisions of the social security program, get in touch with your social security district office. The people there will be glad to help you. You can find the address of your nearest social security office by looking in the telephone directory under "Social Security Administration" or by asking at your post office.

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Social Security Administration

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Your medicare hospital insurance will help pay your hospital bills. This includes room and board in a semiprivate room, nursing services, operating room facilities, medicines furnished by the hospital, and all the usual hospital services.

Hospital insurance also helps pay for outpatient diagnostic services and post-hospital services which are explained on page 3. *Hospital insurance does not pay for the services of your doctor.* If you have medical insurance, it can help with these expenses.

HOW YOU CAN GET HOSPITAL INSURANCE PROTECTION

Hospital Insurance — Everyone who qualifies for monthly cash social security or railroad retirement benefits will have hospital insurance automatically at 65. Even if you cannot receive cash benefits because you are still working, you can still have hospital insurance protection.

The best time to apply for both cash social security benefits and health insurance is during the 3-month period just before the month you reach 65. In this way, even if you are still working you can establish your eligibility for cash benefits and for your health insurance protection. Any social security district office will help you apply.

If you will be 65 before 1968, you can have hospital insurance even if you do not have enough credit for work under social security to qualify for cash benefits and even if you have never worked under social security. (If you are an alien and cannot qualify for social security or railroad retirement cash benefits, you can receive hospital insurance only if you

were lawfully admitted to the United States and have lived continuously in the U.S. for at least 5 years.)

If you become 65 in 1968 or later and are not eligible for cash benefits, you will need some credit for work under social security to qualify for hospital insurance. The amount of credit needed depends on a person's age and will increase each year until the amount of work credit needed for hospital insurance will be the same as for social security cash benefits.

The following chart shows how many years of credit are needed for hospital insurance by people who reach 65 after 1967:

Year You Reach 65	*Will need credit for this much work*	
	Men	*Women*
1967 or before	0 years	0 years
1968	1½	1½
1969	2¼	2¼
1970	3	3
1971	3¾	3¾
1972	4½	*
1973	5¼	*
1974	*	*

* Same as for social security cash benefits.

To establish your hospital insurance protection, you must apply at your social security office.

Some Federal employees and some retired Federal employees who are not eligible for cash social security benefits cannot receive hospital insurance protection (but can sign up for medical insurance). If you are not sure of your status, check at your social security office.

HOSPITAL INSURANCE OFFERS YOU—

Hospital Insurance will pay the cost of covered services for the following care:

- Up to 60 days in a hospital (except for the first $40) and all but $10 a day for an additional 30 days during each spell of illness.[1] (There is a lifetime limit of 190 days on payment for treatment in mental hospitals.)
- Up to 20 days in an extended care facility (a skilled nursing home or a convalescent section of a hospital that meets the standards in the law) and all but $5 a day for an additional 80 days in each spell of illness. These services are covered only if you have been in a hospital for at least 3 days and transfer to the extended care facility within 14 days from your hospital discharge. In addition, the care you receive must be related to the condition for which you were treated in the hospital. (This part of the program begins January 1, 1967.)
- Up to 100 home health visits by nurses or other health workers from a home health agency (but not doctors) in the year after your release from a hospital after a stay of at least 3 days, or from an extended care facility.
- 80 percent of the cost of outpatient diagnostic tests by the same hospital, except for the first $20 for each 20-day period of testing.

[1] A "spell of illness" begins on the first day you receive covered services as a patient in a hospital or extended care facility and ends after you have been out of a hospital or extended care facility for 60 consecutive days.

Covered services in a hospital or extended care facility include the cost of room and board in semiprivate accommodations, ordinary nursing services, use of operating room, and the costs of drugs, supplies, and most other services customarily furnished by hospitals or extended care facilities for the care of patients.

Payments will ordinarily be made under the program only for services in the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, and American Samoa. Emergency hospital services under hospital insurance may be paid for in border areas immediately outside the U.S. if comparable services are not accessible in the U.S. for a person who becomes ill or is injured in this country.

FINANCING HOSPITAL INSURANCE

Hospital Insurance is financed by special contributions from employees, their employers, and self-employed people. Each group will pay the same rate: 0.35 percent in 1966 of the individual's first $6,600 of yearly earnings. This rate will be 0.50 percent for 1967-68 and will rise gradually until it is 0.80 percent in 1987 and later years.

Hospital insurance contributions are in addition to, and collected at the same time and in the same manner as, regular social security contributions. The hospital insurance contributions are put into the Hospital Insurance Trust Fund from which the program's benefits and administrative costs are paid. Funds from general tax revenue are used to finance the hospital insurance benefits for those people covered under hospital insurance but not entitled to social security or railroad retirement benefits.

Your medicare medical insurance will help pay for the services of doctors and for a number of other medical services and supplies not covered by hospital insurance.

Medical insurance is voluntary and people will have it only if they enroll. This part of the program is financed by monthly premiums shared equally by the people who choose this protection and by the Federal Government.

HOW YOU CAN GET MEDICAL INSURANCE PROTECTION

Medical Insurance—Everyone who is 65 can sign up for the voluntary medical insurance part of medicare. (But, aliens who do not have hospital insurance protection can sign up only if they were lawfully admitted to the U.S. and have lived continuously in the U.S. for at least 5 years.)

You have a specified period during which you can sign up for medical insurance. Your 7-month sign-up period begins 3 months before the month you reach 65 and ends 3 months after that month.

However, you will have medical insurance protection beginning the month you are 65 only if you sign up during the 3 months before the month you reach 65. If you sign up in the month you reach 65 or later, your protection will not begin until 1 to 3 months later.

If you miss your first chance to sign up, you will not have another opportunity until the next general enrollment period—the last 3 months of each odd-numbered year (the first is in 1967).

Your premiums will be higher if you wait to sign up during a general enrollment period and your protection will not begin until 6 to 9 months after you enroll.

And you cannot sign up at all if you fail to do so within 3 years of your first opportunity.

MEDICAL INSURANCE OFFERS YOU—

Medical Insurance will pay 80 percent of the reasonable charges after the first $50 in a calendar year for the following services:

- Physician's services, no matter where you receive them—in his office, the hospital, your home, or elsewhere in the U.S. (There is a special limitation on psychiatric care outside of a hospital.)
- Up to 100 home health visits by nurses and other health workers from a home health agency each year under an approved plan with no need for prior hospitalization. This is in addition to the visits covered by hospital insurance.
- A number of other medical and health services, including diagnostic tests (X-rays, laboratory tests, etc.); X-ray or radium treatments; surgical dressings; splints, casts; certain ambulance services; braces, artificial legs, arms, and eyes; rental of durable medical equipment such as iron lungs; and other medical items and services.

SERVICES NOT COVERED

Health insurance will help pay a large part of your medical expenses, but it will not pay all of your costs. Some items and services are not covered under either hospital insurance or medical insurance. They include: routine physical checkups, immunizations, eyeglasses, hearing aids, private duty nurses, long-term custodial care, and personal services such as a telephone or television in your hospital room.

Under medical insurance, drugs are not covered except when they are administered by a physician and cannot be self-administered.

Payments will ordinarily be made under the program only for services in the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, and American Samoa.

Paying The Monthly Premiums

When you sign up for medical insurance, you agree to pay a monthly premium (currently $3 a month). The Federal Government pays an equal amount. Your premium will be higher if you delay signing up.

If you receive cash social security benefits or a railroad retirement or civil service annuity, your premium will be deducted from your check each month beginning the month your protection starts.

If you do not receive any of these benefits, you can pay your premiums each quarter in advance, or you can make other arrangements.

Dropping Out And Re-Enrollment

You can drop out of the medical insurance plan by filing a notice during one of the general enrollment periods. (General enrollment periods are the last 3 months of each odd-numbered year.)

If you pay your premiums in cash, your enrollment will be ended if you fail to pay the premiums.

If you drop out or if your enrollment is ended because you fail to pay the premium, you may re-enroll. But, you can only re-enroll once and then only if you do so during a general enrollment period within 3 years after your original enrollment ended.

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